

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719072

FILED
Jul 05, 2006
Secretary of State

Entity Name: FLORIDA DIETETIC ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

1982-C CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 12608
TALLAHASSEE, FL 323172608 US

New Mailing Address:

FEI Number: 59-6155745 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STAPELL, CHRISTINE
1982-C CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHRISTIE, CATHERINE
Address: 10168 BISHOP LAKE ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32256

Title: PD () Delete
Name: GLADDING, MOLLY
Address: 19 WEST PALM AVE
City-St-Zip: LAKE WORTH, FL 33467

Title: S () Delete
Name: CHAMBERS, JOT E
Address: 22602 MAGNOLIA TRACE BLVD
City-St-Zip: LUTZ, FL 335499517

Title: T () Delete
Name: ADAMS, HOLLY
Address: 284 EDINBURGH LANE
City-St-Zip: ORANGE PARK, FL 32073

Title: ED () Delete
Name: STAPELL, CHRISTINE
Address: 2339 WEDNESDAY ST
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: STAPELL, CHRISTINE
Address: 1982C CAPITAL CIRCLE NE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE STAPELL

ED

07/05/2006

Electronic Signature of Signing Officer or Director

Date